

Name  
In  
Full

## CERTIFICATE OF DEATH

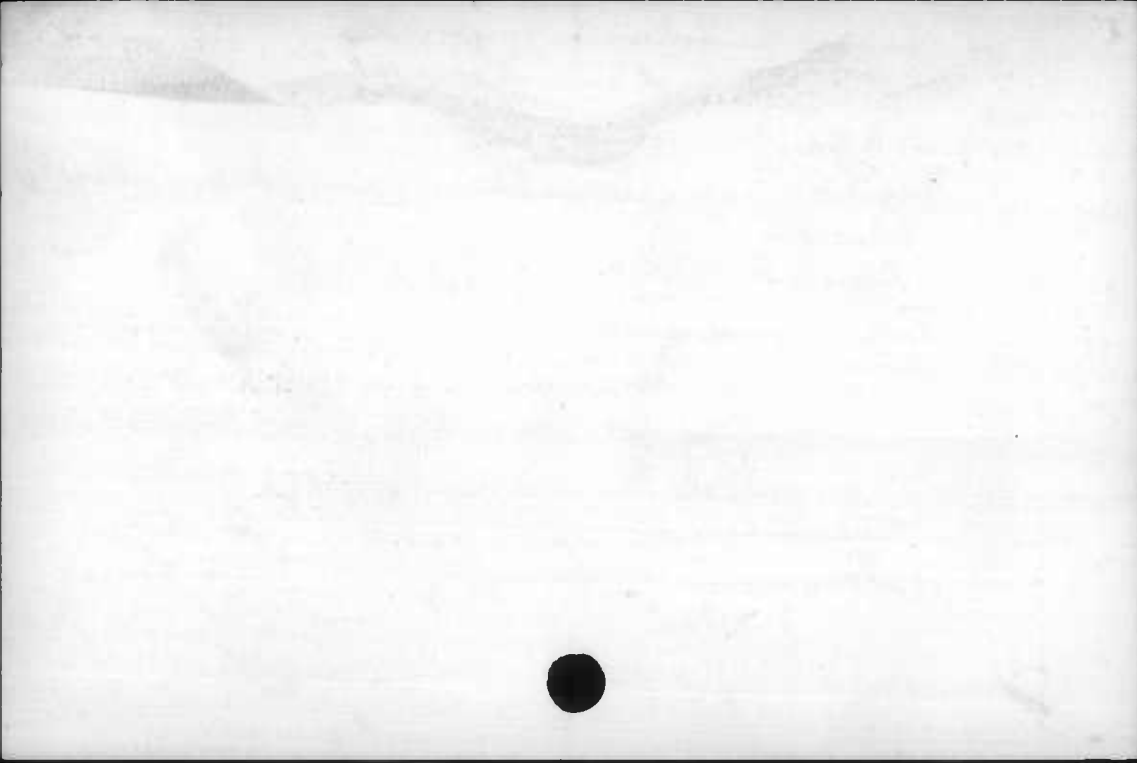
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bushwood</i>		Town <i>St. Marys</i>		County		MARYLAND							
Date of death <i>1900</i>		Month <i>1</i>		Day <i>16</i>		Age <i>88</i>		Years <i>88</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>male</i>		Color or Race <i>coldest</i>		Birth-place <i>md</i>									
Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Lotta Adams</i>											
Father's Name <i>unknown</i>		Father's Birthplace <i>md</i>											
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>md</i>											
Name of person giving information <i>Lotta Adams</i>		How related to deceased <i>wife</i>											

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Senile gangrene</i>	How long <i>3 mos.</i>
Immediate	<i>sublethal</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Roll V. Palmer</i>
		Address <i>Palmer</i>
Accident or Suicide?		



Name  
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William B. Adams St. Mary's

## CERTIFICATE OF DEATH

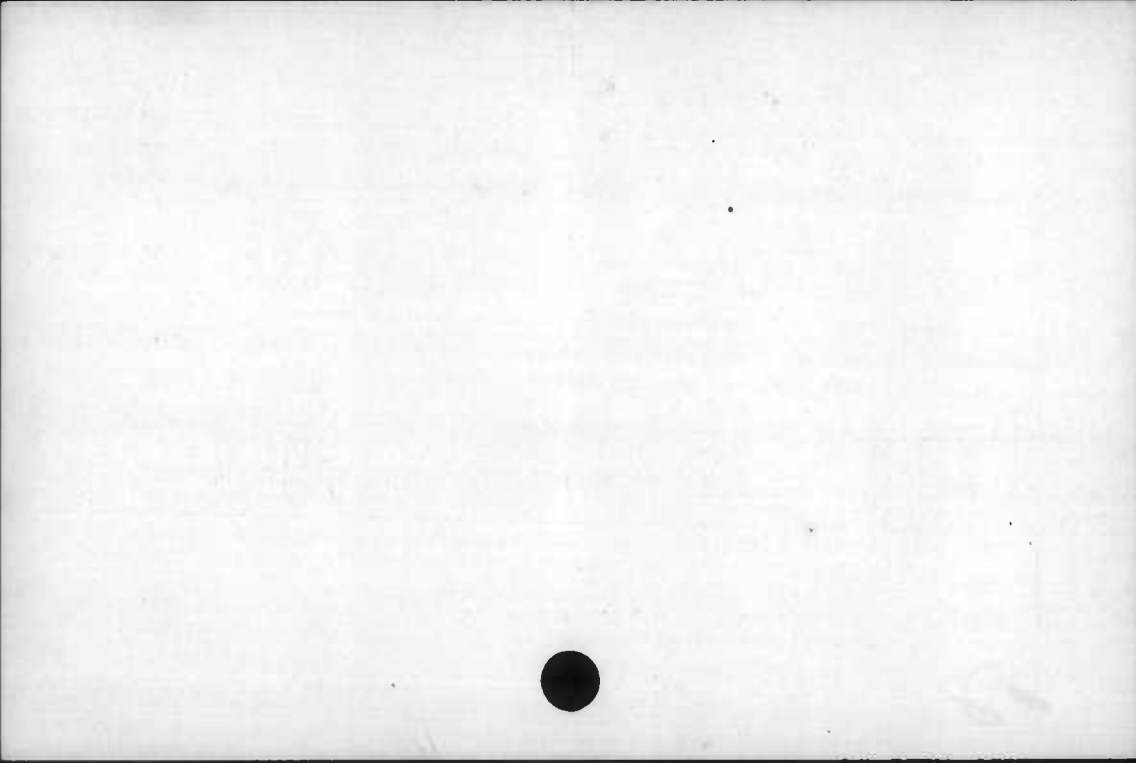
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Smy Point		County St. Mary's		MARYLAND	
Date of death 1900,		Month Jan	Day 17	Age 5-6		Months	Days
Sex Male		Color or Race White		Birth- place St. Mary's, Comd.			
Occupation Farmer				Where Residing if not at place of death			
Married, Single or Widowed		Married		Name of Wife or Husband Mary Adams			
Father's Name Wm. Adams				Father's Birthplace St. Mary's, Comd.			
Mother's Maiden Name Rebecca Writers				Mother's Birthplace St. Mary's, Comd.			
Name of person giving in formation Mrs. Mary Milburn				How related to deceased Not related			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	How long	2 days
Immediate	Constriction of lungs	How long	12 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		T. Horner Lynch, M.D.	
Address		Valley Lee, Ind.	
Accident or Suicide?			



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Etta Bowles

## CERTIFICATE OF DEATH

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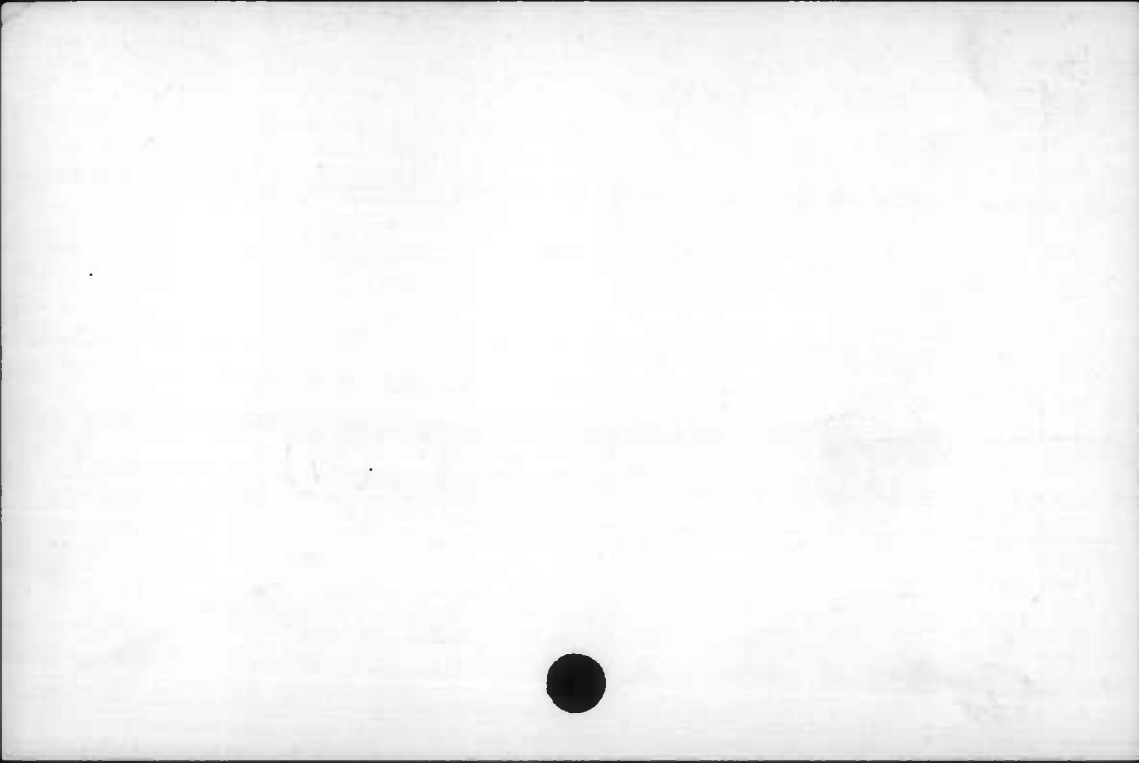
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		Jan	29	1		10	
Sex		Color or Race		Birth-place			
Female		white		md			
Occupation				Where Residing if not at place of death			
none							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Daniel Bowles				md			
Mother's Maiden Name				Mother's Birthplace			
Laura Kuman				md			
Name of person giving information				How related to deceased			
Daniel Bowles				Natter			

## CAUSES OF DEATH

9 ✓

PHYSICIAN  
OR CORONER

Primary	Croup	How long	4 hours
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		R. H. Palmer	
		Address	
		Palmer	
Accident or Suicide?			
		md	



Name  
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Lillian H. Clair

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Prime Springs</i> <sup>Town</sup>		<i>H. May</i> <sup>County</sup>		MARYLAND	
Date of death <i>1990</i>	<i>1</i> <sup>Month</sup>	<i>102</i> <sup>Day</sup>	Age <i>21</i> <sup>Years</sup>	<i>10</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>ind</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Joseph H. Clair</i>			
Father's Name <i>Edward Russell</i>			Father's Birthplace <i>ind</i>		
Mother's Maiden Name <i>Abbie Cheselbourn</i>			Mother's Birthplace <i>ind</i>		
Name of person giving information <i>Joseph H. Clair</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

29

PHYSICIAN  
OR CORONER

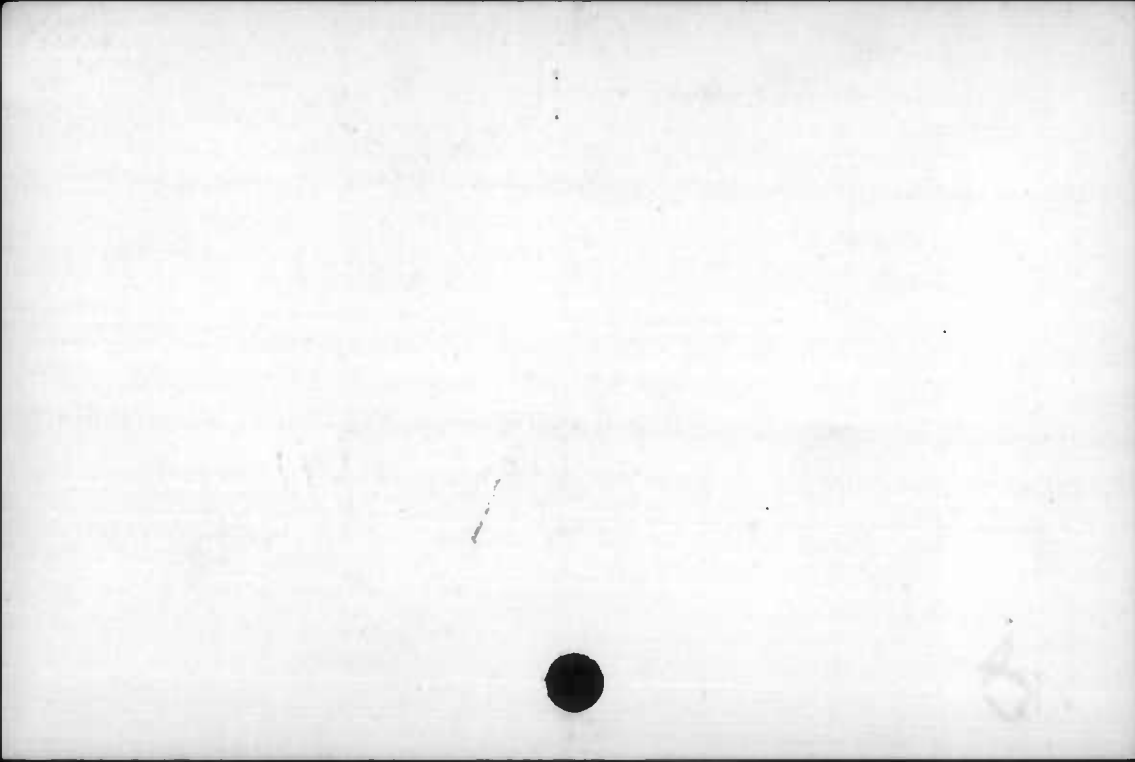
Primary <i>acute Phthisis</i>	How long <i>6 mos</i>
Immediate <i>—</i>	How long <i>—</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name in Full **Samuel Bruce Hammett** **CERTIFICATE OF DEATH**

TO BE ANSWERED BY  
NEAREST FRIEND

Diad et **Jacksonville** Town **St Marys** County **MARYLAND**

Date of death **1940** Month **January** Day **15** Age **72** Months **73** Days **23**

Sex **Male** Color or Race **White** Birth-place **Jacksonville**

Occupation **Farmer** Where Residing if not et place of death **Deer**

Married, Single or Widowed **Married** Name of Wife or Husband **Estelle Hammett**

Father's Name **Samuel B. Hammett** Father's Birthplace **Jacksonville**

Mother's Maiden Name **Mary Hammett** Mother's Birthplace **do**

Name of person giving Information **Richard Hammett** How related to deceased **Son**

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary **Septic Pneumonia** How long **9 days**

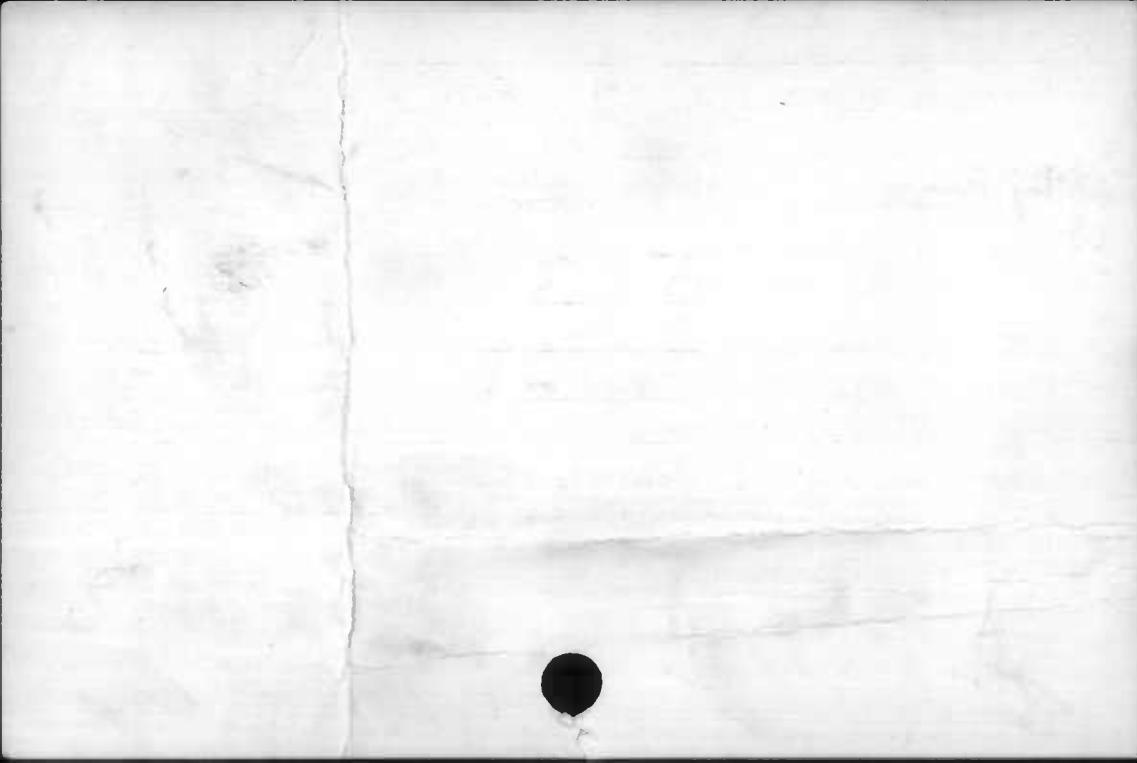
Immediate **do** How long **do**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **Henry Richardson**

Address **Edgar Mills**

Accident or Suicide **No**



Name  
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Charles E. Henderson

## CERTIFICATE OF DEATH

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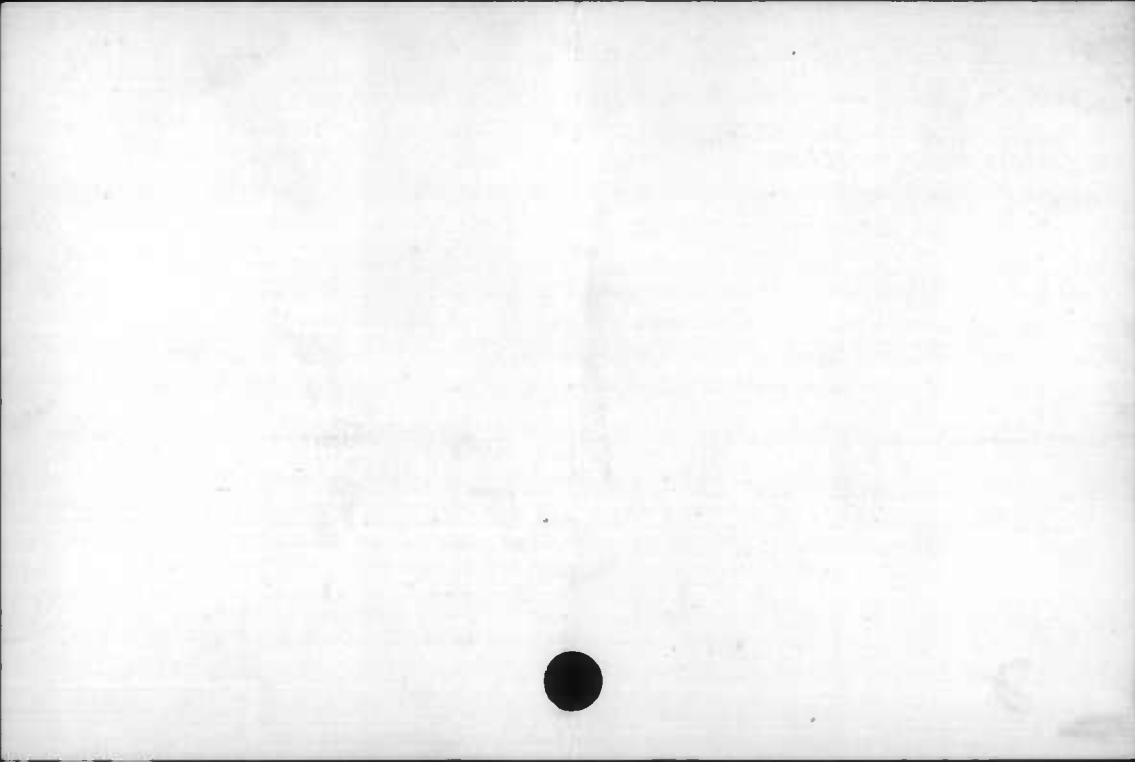
Died at <i>St. George's Island</i>		Town <i>St. Mary's</i>		County		MARYLAND	
Date of death <i>1960</i>	Month <i>Jan</i>	Day <i>18</i>	Age <i>51</i>	Months	Years	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>St. Mary's Conn.</i>				
Occupation <i>Waterman</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Twilley</i>						
Father's Name <i>Chas. E. Henderson</i>	Father's Birthplace <i>St. Mary's Conn.</i>						
Mother's Maiden Name <i>Adeline Chesser</i>	Mother's Birthplace <i>St. Mary's Conn.</i>						
Name of person giving information			How related to deceased				

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>7 Months</i>
Immediate <i>Cerebral hemorrhage</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>P. Horner Lynch, Jr. M.D.</i>
	Address <i>Valley Lee, Ind.</i>
Accident or Suicide?	



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Lora Smith Reed

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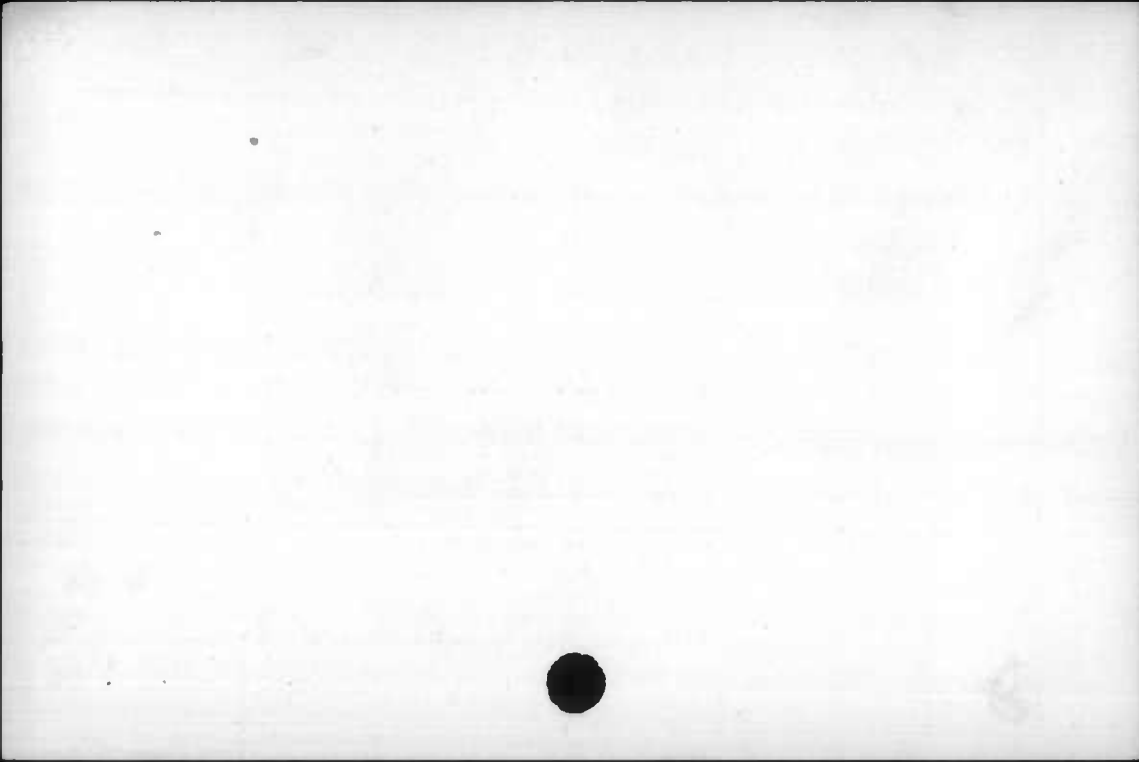
Died at		Town Bushwood		County St. Marys		MARYLAND	
Date of death		1940	Month Jan.	Day 24	Age —	Years —	Months —
Sex Female		Color or Race colored		Birth- place md		Days 24	
Occupation none				Where Residing if not at place of death —			
Married, Single or Widowed		single		Name of Wife or Husband —			
Father's Name Morgan Reed				Father's Birthplace md			
Mother's Maiden Name Luciah Smith				Mother's Birthplace md			
Name of person giving In formation Sarah Smith				How related to deceased mother			

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	Inanition	How long	24 dgs
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician R. H. V. Palmer	
D		Address Palmer	
Accident or Suicide?		md	



Name  
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## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Loftville</u> <sup>Town</sup>		<u>St. Mary's Co.</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1900</u> <sup>Month</sup>	<u>Jan</u> <sup>Day</sup>	Age	<u>35</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Kentucky</u>
Occupation	<u>Servant</u>		Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Susan Green</u>		
Father's Name	<u>Don't know</u>		Father's Birthplace	<u>Don't know</u>	
Mother's Maiden Name	<u>Don't know</u>		Mother's Birthplace	<u>" "</u>	
Name of person giving information	<u>Susan Green</u>		How related to deceased	<u>Wife</u>	

## CAUSES OF DEATH

27

L

PHYSICIAN  
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>12 mo-</u>
Immediate	<u>Exhaustion</u>	How long	<u>3 da.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Thos Lynch</u>
Accident or Suicide?	<u>J</u>	Address	<u>Leonardtown</u> <u>Md</u>

